<u></u>	Under the Papers	TENT ADDI	1 of 1995.	no persons are re	quired to respon	4 10	.S. Petent and collection of in	Trademark Or Normalion unl	lice; U.S. ess & disp	DEPARTMENT O	F COMMERCE	
-	Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information under the PATENT APPLICATION FEE DETERMINATION RECORD  PATENT APPLICATION FEE DETERMINATION RECORD  Substitute for Form PTO-875									Appliation or Doctor turnber		
	CLAIMS AS FILED - PART   (Column 2)						SKALL ENTITY			OR OTHER THAN		
L	FOR	MUL	NUMBER FILED		NULIDER EXTRA				7	5,000	CHILLA	
	ASIC FEE 37 CFR 1.16(a))						RATE	FEE		RATE	FEE	
	OTAL CLAIMS 17 CFR 1.16(c))		minus 20 e					<del>                                     </del>	OR		1	
C	NDEPENDENT CLA	UMS	minus 3 c				x ( ·	<del> </del>	On	X 1	ļ	
-	ULTIPLE DEPENDENT CLAM PRESENT (37 CFR 1.16(4))					┨╴	× 1=	<del> </del>	OR	X1		
						]	+1=	<u> </u>	OR	+1		
	" If the difference in column 1 is less than zero, enter 10" in column 2.						TOTAL		OR	TOTAL		
	C	CLAIMS AS AMENDED - PART II										
H	_	(Column 1) (Column 2) (Column 3) CUAIMS HIGHEST						ENTITY	OR	OTHER SMALL	R THAN ENTITY	
DAGNIT		REMAINING AFTER AMENDMENT		MUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		rate	ADDI- TIONAL FEE		RATL	ADDI- TIONAL	
	Lotal	120	Minus	12/	. ~		X \$ .	- 726	_	<u> </u>	ree .	
AMEN	Independent Of CFR LINOR	5	Minus	3	- <del>2</del>		X1 =		OR	× ZW	2/100	
Ā	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (7) OFR 1.16(0)								OR	x 1200.	700	
						L	TOTAL ADOL FEE		OR OR	TOTAL	4010	
	101 - 21	(Column 1)		(Column 2)	(Column 3)				<b>O</b>	ADD'L FEE	100	
8 TNBMCMB	5/31/05 Total	CLAIMS RENVATING AFTER AN'ENDMENT		INGHEST MUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		FATE	ADOI- TIONAL FEE		TAN.	ADDI: TIONAL	
Š	Car Coe Freeh	18	Minus	<sup>"</sup> 26	<b>'</b> —		× : 25 =		OR	x 180 =	FEE	
Σ	OICE LIGHT	4	Miraus	" 5		Г			OR	×:/0D=	· ·	
<u> </u>	FIRST PRESCHIATION OF MULTIPLE DEPCHOEM CLAM (31 CFR 1.16(d))						+; =		OR OR			
							TOTAL ADDL FEE		OR (	TOTAL ADD'L FEE		
	Т	(Column 1) CLAIMS		(Column 2)	(Column 3)	_				. •		
ENTC		REMAINING ACTER ACCOMMENDED		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI-		RATE	ADDI- TIONAL	
Š	(3) Che s'ecles		Linus		•		X \$ =	FEE			FEG	
AMEND	for the state of t		Minus	***	-	r	K 1 =		OR	X 1	<del></del>	
A	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(4))								OR	X 1=	<del>-:</del> -	
	If the enteringent			TOTAL (DOLTEG		OR [	101AL 321 100A					
"If the entry in culture 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For NTHIS SPACE is less than 20, enter 20".												

In the "rightest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For (Total or Independent) is the Netherlands for Independent in the appropriate both column 1.

This objection of Extendition is required by 37 CHIL 1.15. The Information is required to obtain or retain a benefit by the public which is to fire (and by the Induding pathering, preparing, and submitting the completed application form to the USPTO. Three will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commoros, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRIESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

if you need as sistence in completing the form, call 1-800-RTO-0199 and celed option 2.....